FOR STATE

(VR A 15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	tem 11 3/2/8		ad STATE OF ARTMENT OF HEALT	MARYLAND H AND MENTAL H	YGIENE 2	05198
	REGISTRAR		AL EXAMINER'S	CERTIFICATE C	F DEATH REG. I	NO.
	DECEASED NAME TYPE OR PRINT)	IRS1 MIDI	DLE	LAST	20 DATE KNOWN OF ESTI-	
	Josep.	$h_{\underline{}}$ $P_{\underline{}}$		uglas	OF ESTI- DEATH MATED	□ 2 -12- 1982 1
3. S	EX 1. RACE		(EAR LAST BIRTHDAY) MON	INDER 1 YR. IF UNDER	MIN. PRONOUNCED	MONTH DAY YEAR 2d.
	Male Bla		20 YRS.		DEAD	2-12-1982 12
/0	Foreign country) Maryland	76. CITIZEN OF WHAT C	A. WIDO	RIED NEVER MARR	IED CATA	OR COUNTY OF DEATH
10.	HOPEWELL		I, NURSING HOME, OR OT GIVE STREET ADDRESS) Hopewell, M		120. USUAL OCCUPATION (T FOR MOST OF WORKING LIFE)	TYPE OF WORK 12b. KIND OF BUSINE OR INDUSTRY
13a.	UAL RESIDENCE (IF IN NURSING STATE 13b Maryland 5	HOME OR OTHER INSTITUTION, GIVE RESI COUNTY 13C.			130. STREET ADDRESS Jow	nth Street
14.	FATHER'S NAME		()	15. MOTHER'S MAIDI	EN NAME	
)	Sinclair	MIDDLE	iglas	Saundra	MIDDLE	Collins
160.	WAS DECEASED EVER IN U	1227 A 40 A 41 A 40 A 41 A 41 A 41 A 41 A 41	SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	SS
	No	2	220-74-6671	Sinclai	r Douglas 153	So. Fourth Stree
	18 CAUSE OF DEATH (E	nter only one couse per line for (o), (b), (if)d (c).)	0	•	APPROXIMATE INTER
		MEDIATE CAUSE (0)	RUX KIRE	to engle	xes)	2 intract
1>	Conditions, if any,		CONSEQUENCE OF	0		
	gove rise to imm	ediate (b)				
	lying couse lost.	DUE 10, OR AS A	CONSEQUENCE OF			
	PART 2 DINER CICNICICANT COM	DITIONS CONTRIBUTING TO DEATH OUT AND	T OF LAYER TO THE TRANSPORT DAY			
z		DITIONS CONTRIBUTING TO DEATH BUT NO	A KETWIER IN THE TERMINAT RIPEY	ISE DR CONDITION GIVEN IN PA	RT 1 (a):	
Y E	19a. DATE OF OPERATION	N 196 CONDITION	FOR WHICH OPERATION V	WAS PERFORMED?		20. AUTOPSY?
F						YES NO
MEDICAL CERTIFICATION	210 EXTERNAL CAUSE W		JRY DNIH DAY YEAR	HOW HOURY OCCURRE	D LENTER MATURE OF INJURY IN ITEM	
142	UNDERLYING OR CONTRIBUTING CONTRIBUTING		7-12 1982	Hectorna	bile Acced	leut
EDI	21d. INJURY OCCURRED	21e. PLACE OF IN	JURY (ATHOME, AND ETC.)	SCATION	CITY OR TOWN	A COUNTY A
5	AT WORK AT WORK	Stree		7 4/3	CITORIOWA	Commet, M
1	22a. I certify that I tool	charge of the remains described	d above, held an Auta	psy , Inspectio	n 1, Inquiry	ond in my opinion
	deoth resulted from:	/	dent . Suicide .		Undetermined monner],
			210	TITLE (SPECIFY)		
	ACTUAL SIGNATURE	server H. 1	lecking,	M.D	MEDICAL EXAMINER	DATE SIGNED 2-15-2
7	EYAMINED'S NAME		/			
and a	EXAMINER'S NAME (TYPE OR PRINT			_ADDRESS		
23a.	BURIAL, CREMATION, REMO		234. NAME OF CEMETERY		23d LOCATION	COUNTY STATE
_		2-17-82	Asbury Ceme			omerset, Marylar
74.	FUNERAL DIRECTOR	ADDRESS				GISTRAR'S SIGNATURE
	Anthony E.	Ward Cove Str	eet Cristial	d my FEB	23 1982 7	V. W.

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injury, or other troumotic event, the

IMPORTANT: If them 21 is marked or them 18 shows any

Funeral

Home

FOR STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

								REG. NO.				
	CEASED NAME FIRST		MIDDLE	į.	AST		20 DATE OF DE	ATH MONTH	DAY	YEAR	2b HOUR	
LIAB	PE OR PRINT) Mary	Vi	olet	ц	ınt			2	28	82	10:00P	
SE		4 RACE	0100	5. DATE C			6 AGE (IN YEAR			DER I YEAR	IF UNDER 24 HRS	
B				MONTH 7		YEAR		(LASI BIRIHDAT)	MONTH		HOURS MIN.	
1	Female	White	2	7	14	91	90	Y	RS.			
7#. B	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	□ NEVER	MARRIED -	9 BALTIMORE	CITY OR COL	INTYOFD	EATH		
	Maryland	USA	WIDOWE	DX D	NORCED	Somerset						
10 C	ITY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN	G HOME O	R OTHER INS	TITUTION	12a. USUAL OCI	P MOST OF WORK		L KIND O	F BUSINESS OR	
	Crisfield		Byrd Tawes		sing He	ome	House	wife		DOSTRI		
USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			•					
N I	138 600		13c. CITY OR TOW	N	13d. INSIDE		13e STREET ADI		2/0	D		
-	aryland Som	erset	Marion		YES	S MAIDEN NAM		1, Bo	X 249	P		
14. F.	FIRST	MIDDLE	LAST		IS. MOTHER	FIRST		HDDLE		LAS!	1	
	James He	rbert	Brown	1	Barl	pera	I	3.		Brow		
	WAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17 INFORM	ANT		ADDRESS				
	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	214-03-7	794	Thoma	as R. I	Hunt M	arion	Sta	tion	a. Md.	
	18 CAUSE OF DEATH (Enter or	nly one couse per	line, for (a), (b), and	190 1	7 1	0				APPROXI-	MATE INTERVAL	
	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (o)	Goscial	end	no lin	elle	asis			-		
	41100 IMMEDIA		- New Court	1	ceasuas	Lit G			-	1	24	
	DUE TO, OR AS A CONSEQUENCE OF											
	Conditions, if only, which (b)											
	couse (a), stating the DUFTO OR AS A CONSEQUENCE OF											
1	underlying couse last.											
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
Z		coulit	in . Pro	رسا	TO TREE ATE	J TO THE TERM	IIIAL DISEASE O	K CONDINON	OIVEIVIIV	PART HO		
CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH	OPERATION	WAS PERF	PMED	20a AUTOPS	Y? [20h [FYES, WER	E FINDIN	ICS LISED	
5				0.5	· ····································	J. C.	100 70.0.0		ERTIFYING	CAUSES	OF DEATH?	
1 E								0	YES		NO 🗆	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW IN	NJURY OCCURR	RED (ENTER NATURE	OF INJURY IN ITEA	M 18 PART I O	RPART 2)		
1 ×	(IF EITHER NOTIFY MEDICAL EXAMINE	NIN .		19								
MEDICAL	21d INJURY OCCURRED	21e. PLACE		- 17	211. LOCATI	ON						
¥	WHILE NOT WHILE	(AT HOME STR	EET, FACTORY, OFFICE FA	ARM ETC)	STREE	T	C	ITY OR TOWN	C	OUNTY	STATE	
	AT WORK AT WORK			11	15	11	7	25		2		
	220.1 certify that (1) this hosp			11	-00	, 19	, to		19		that (1) we) last	
	sow the deceased alve on above (1) (we) (did) (did no	twiew the body	ofter death.	, on	d that in my	Jour) opinion o	death occurred o	n the date and	d hour and	from the	couses stoted	
	22b. SIGN ATURE	1 0	11 11		EGREE				2	2c. DATE	SIGNED	
	Hames 14	6 11	Telais.	1 11	11	ATTENDING	MEDICAL	STAFF		4-1	-82	
1	122d. PAYSICIAN'S NAME (TYPE O	19 09 (b) 7)	under !	100	220 ADDRES	PHYSICIAN _	DIRECTOR	PHYSICIAN		7/		
1	THE WINDIGHT STANAGE (TIPE C	m rniN()	/	3.00	ZZE. ADDRES	33						
1												
23a. I	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF CE	METERY OR	CREMATORY	23d. LOCATIO					
	(SPECIFY) Burial	Manasi.	2,82 L	ouder	Parl	-	Do 7 + 4		COU	NIA	STATE	
	UNERAL DIRECTOR / W	March	-,04 3	- 4401	4 1011	TOMAC		LMOTO	CAS NO ST	any 2	ant Can	
Tr.	NAME fame Life	man	Chad ADDRESS .			(4034.3)	1,45	STRAR 25 PRE	AND DE VE	APPE	SIKE CONTRACTOR	

Cristield, Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

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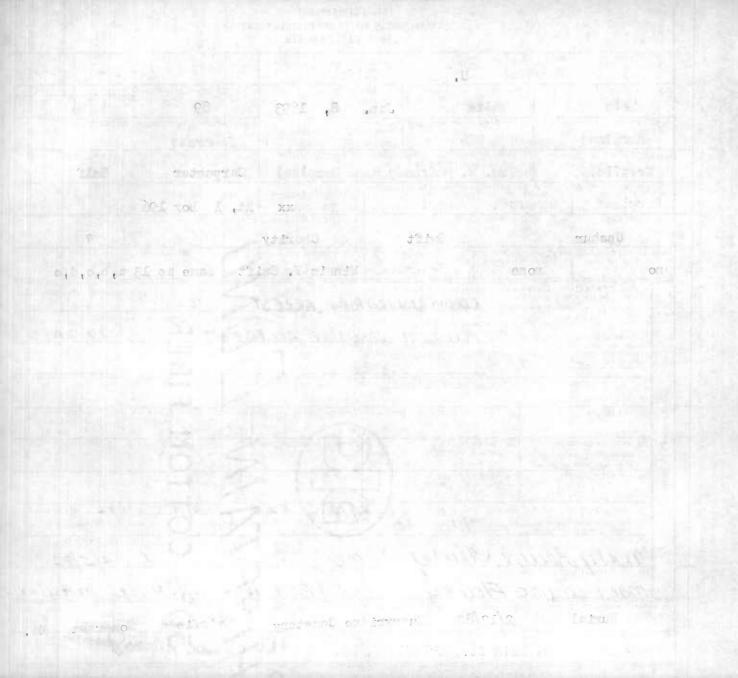
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DHMH - 16 50M 1/81 (VRA 15, 4)

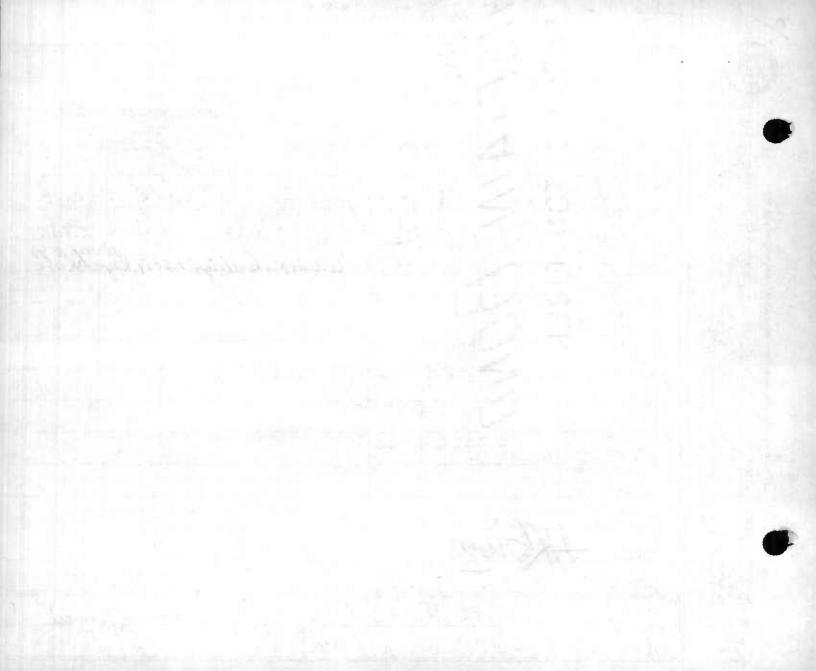
	1.	FOR - STATE			DEPART	MENT OF	E OF MARYLA HEALTH AND M	ENTAL HYG	SIENE B	2	0	5	2	0 0	
		REGISTRAR				CERTII	FICATE OF DI	EATH		REG. N	0.				
		CEASED NAME	FIRST		MIODLE		LAST		20. DATE C	F DEATH	MONTH	DAY	YEAR	26 HOUR	
		Ed	gar	V	٧.		Riggin				2	21	82	11:30	M
	3 SE	X		4 RACE		5 DATE	OF BIRTH	YFAR	6. AGE IN	YEARS LAST BIR	RTHDAY)	IF UNDER		IF UNDER 24 H	1RS
	135	Male		White		8	6	86	95		YRS	MONTHS	DAYS	HOURS	IN.
1	7a B	IRTHPLACE STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER M	ARRIED	9 BALTIMO	ORE CITY C	OR COUNT	Y OF DE	ATH		
り	Ma	ryland		US		WIDOW	ED DIV	ORCED [Some	erset					MD.
1	10 C	ITY OR TOWN OF DEA	TH	11. NAME OF I	HOSPITAL, NURSIN	NG HOME (OR OTHER INSTI	TUTION	120 USUAL OCCUPATION 126 KIND OF BUSINESS C					OR	
D		isfield		Alice B	yrd Tawes	s Nurs	sing Hom	e	RETIR		BANKE	R	BAN	KING	
1	13a :	AL RESIDENCE IN NURS	136 COU	R OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	113d INSIDE CIT		13e. STREET						_
8-		ryland		nerset	Crisfie			NO [St. Ex	td.			
3	14. FA	ATHER'S NAME		WIDDLE			15. MOTHER'S								_
Z		LD		WIDDLE	Riggin	/	SALL	RST V	1 .00	WKF	EARD		Ria	a in	
		WAS DECEASED EVER			166 SOCIAL SECT	URITY NO.	17 INFORMAN	1	- L-VIV	ADDRE	ESS		1.17	ISFIE	70
		YES NO OR UNKNOWN)	(IF YES, GI	VE WAR OR DATES)	216-09-9	9777	LIONE	Be.	JAJETT	r w.	MAI	N ST	- CR	151-16	W
		18 CAUSE OF DEATI	H (Enter o	nly one couse per	line for (a) (b) or	nd (c))=	11-				111111	1	APPROXIA	ATE INTERVAL	
	-	PART I. DEATH W	AS CAUSI	ED BY:	GI I	3 800	luna						IWEENO	NEET AND DEA	H
		0389 IMMEDIATE CAUSE (o) DUE TO, OR AS A GENEROUENCE OF OR A											-		
	35	Conditions, if any,	which	DUE TO, OI	R AS A CONTROL	LA,	11 los	w							
		gave rise to imm	nediate	(6)	0 0		0000								_
П		underlying couse		DUE TO, OF	RAS A CONSEQU	ALA.)								
		PART 2 OTHER SIGN	JIEIC ANT	CONDITIONS	NITPIRILITING TO	DEATH BUT	NOT BELATED I	O THE TERM	INIAL DISEAS	E OR CON	NO MONTHO	(ENLANIE	ADT 1		
	NO	TAME 2 OTTER STOTE	VIII ICAIVI	CONDITIONS <u>CC</u>	S. CTRIBOTING TO	DEATH BUT	NOT RELATED I	O THE TERM	IIINAL DISEAS	SE OR CON	DITION GIV	VEN IN P	AKI IIO		
	CERTIFICATION	19a DATE OF OPERAT	TION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUT	OPSY?	20b. IF YES	S. WERE	FINDIN	GS LISED	_
7	IFIC	A									IN CERTIF	FYING C	AUSES	OF DEATH?	
7	ERT	21a, ACCIDENT WAS UND	ERLYING [21b. TIME O	FINJURY	-/-	21c. HOW INJ	URY OCCURE	YES T	NO X		S D	APT 21	NO []	_
1		OR CONTRIBUTING		ATH HOUR A.	M. MONTH D				(Elaienia	A. O. E. O. 1143.0			Wu 1 1 1		
	MEDICAL	(IF EITHER NOTIFY MEDIC		P./ 21e PLACE (19	211. LOCATION	J			-				
	ME	WHILE NOT WH			EET, FACTORY, OFFICE, I	FARM, ETC }	STREET			CITY OR TO	NWN	CON	NIY	STATE	
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		22a.1 certify that				82	nd that in (my) (, 19	death accurr			19_5	<u>Ch</u> , 1	101 (1) (we)	ast
		22h SIGNALINE	(d) (d)d no	View the body	after deoth.	, 0	DEGREE			ed on the di	are and noc	_	-		
	-	/-	1	Vi	1	111	/	TENDING HYSICIAN	MEDICAL	_ STAI	FF		DATES	27-8	,
4		224 PHYSICIAN'S NA	1-	Juce	ou cy	mi-	22e ADDRESS	YSICIAN [DIRECTOR	PHYSIC	IAN []		- 6	- 0	<u>_</u>
П		7	ane line.	erenn)	11		THE ADDRESS								
L	1	1			1										
-	230 E	BURIAL, CREMATION,	RÉMOVAL	47	aslad .	-	EMETERY OR CE		23d LOC	ATION or gritown		COUNT	Υ .	STATE	
		UrIAL	,	FEBRUA	ey-corra 5		ol Cene		MAR			verse		mo	
	14	UNERAL DIRECTOR	lan	14 6	ADDRESS		RISPIELD MO.		E REC'D. BY	REGISTRAR	256 REGIST	TRAR'S S	IGNAT)	RE-LAV	
	N.E.	- meso j	- 20	8	NADTH SAN	mores +	AUP.	FEF	1 W 11 1	YM/	June	177			

AMAMON MANAGE CONTON Marie Company of the American Company of the Compan 0.2 Kingle Street LANKIOND REPORT der Taken de Tracket Jawasia See grades St. for I Caesery Merican Sugaret ma Dear San San San Marine Charles &

	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYL EALTH AND ICATE OF I	MENTAL HYG	IENE & REG. No.	0	5 2	0 1
		CEASED NAME	FIRST		WIDDLE	ı	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
2 440			Char	les	U.	Sw	ift			2-	14-82	9:10p M
	3. SE	X		4. RACE		5. DATE C			& AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
(LAT)		Male		White	e	Jan.		1893	89	YRS	MONTHS DATS	HOURS MIN.
1 15 25		RTHPLACE (STATE OR FI			WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER /	MARRIED .	9 BALTIMORE CITY O		Y OF DEATH	MD
La september of		Crisfield		Edw.	HOSPITAL, NURSIN HEACHITY, GIVE STREET W. McCrea	dy Me			120 USUAL OCCUPATION OF WORK FOR MOST Carpenter	F WORKING L	126 KIND O INDUSTRY Self	OF BUSINESS OR
rthin 24 hours to tely filled in the 2 should be 1 the filled in the 2 should be 1 the 1 the 2 should be 1 the 1 the 2 t	13 ₀ . 3	AL RESIDENCE (IF NURSI STATE aryland	13b COUN Som	other institution TY erset	134 CITY OR TOW Marion		13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS Rt. 1 Box	: 196		
completely 1 and 2 sh	14. F/	THER'S NAME FIRST Upshur	,	AIDDLE	Swift			s MAIDEN NAM FIRST harity	MIDDLE MIDDLE		?LAS	
e execution and company and co		VAS DECEASED EVER I		AED FORCES?	166 SOCIAL SECU		17. INFORMA	NT	ADDRE	SS		
on and Pages	n			ne	213-14-	6645	Winnie	V. Swi	ift Same	as 13	a, b, c,	d,e
s death certificate b cattending physician nove carbon papers. ation, or removal. traumatic event, the		PART I. DEATH W. Canditions, if any, gove rise to imm	IMMEDIATI	DUE TO, OI	Ine far (a), (b), and CARDIO ALC R AS A CONSEQUE	NCE OF		ARRES				DAY S
equires that the signed by the Dease rear the burial, creminjury, or ather	NOI	PART 2 OTHER SIGN	lost	(c)_	R AS A CONSEQUE		NOT RELATED	TO THE TERMI	nal disease or coni	DITION GIV	VEN IN PART 110	31
The law relicion. It has been asit permit. Grene prior shows any it	CERTIFICATION	190. DATE OF OPERAT	ION	196 CONDI	ITION FOR WHICH	OPERATIO	WAS PERFO	RMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES ES []	
SICIAN: II ng physicin certificate rinal-transit ental Hygi		210. ACCIDENT WAS UNDI OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEA		M. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJUS	RY IN ITEM 18	PART I OR PART 2)	
ING PHYS	MEDICAL	21d, INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	LE 🗆	21e. PLACE ((AT HOME STR	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC)	21f LOCATIO STREET	SN .	CITY OR TO	WN	COUNTY	STATE
RATTENDIP hospital or RECTOR: A led for use pt. of Healt em 21 is mo		22a. I certify that (1) saw the decease above, (1) (we) (d				<u>ک</u> , on	d that in (my)	(aur) opinian d	eoth accurred an the do			
OSPITAL OF	- 3	MALLA 22d PHYSICIANS NA	BOLL ME LIYPE OF	LOL Y	leury			TTENDING PHYSICIAN S	MEDICAL STAF		2/15	182
TO HOSPITAL retained by the TO FUNERAL should be deter with the Sister IMPORTANT:	230 5	MORY L	2415	e Fle	URY	AME OF C	RT 1	BOX	196A WE	stove	ec m	vey/on
BP		SPECIFY) Burial		2/17/	,		lge Cem		CITY OF TOWN	2.3	COUNTY	STATE
	24 FI	JNERAL DIRECTOR		-/-//	0.0	1147 11	re cem	25 DATE	Crisfie	LC	Somerse	Md.
DHMH - 16 50M 1/BI (VRA 15, 4)		radshaw &	Sons.	Main S	t., Crisf	ield,	Md.	TE	1 9 1982	Magu	The same	



		REGISTRAR CEASED NAME PE OR PRINT)	FIRST		MIDDLE	LAST	20	DATE KNOWN		AY YEAR 26 HOUR
H			Mattie	/	E	Walston		OF ESTI-	2 26	
		emale	black					RONOUNCED DEAD	2 27	7 19 82 11:5
1	F	PREIGN COUNTRY)	D	US A	4	8. MARRIED NEVE	DIVORCED D	Somerset	Count	ty AM
,	F	rincess	Anne	THE NOT IS SUCH EACH	er Street	E, OR OTHER INSTITUTION	FORMIC	LOCCUPATION (TYPE: STOPWORKING JIFE)	OF WORK 12b.	OR INDUSTRY
		AL RESIDENCE (IF)	Sem ER	1	RESIDENCE BEFORE ADMISS 130. GITY OR TOWN ALW SE TESS	#138. INSIDE CITY	LIMITS? 13. STREE	TADDRESS TER	5.	ERRE
	14. F	ATHER'S NAME FIRST	JERY "	C(AV	JONES	15. MOTHER'	SMAIDEN NAME	MIDDLYRAN	leis.	JONES
1	160.	WAS DECEASED EV (ES, NO, OR UNKNOWN)	VER IN U.S. ARMED	OF DATES)	2/2- 22-	59 63 Quil	e'm. Land	ADDRESS	Raym	ne NY,
		433° Conditions, gave rise	if ony, which to immediate ting the under- ast.	DUE TO, OR A	diomyopath s a consequence s a consequence	OF				between Onset and Death
	Z	PART 2 OTNER SIGNIF	ICANT CONDITIONS CON	FRIRUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	SIVEN IN PART Tigo.			
	IFICATION	PART 2 OTHER SIGNIF		100		AINAL OISEASE OR CONDITION G			2	O AUTOPSY?
1111	DICAL CERTIFICATION	19a DATE OF OP 21a. EXTERNAL C UNDERLYING CONTRIBUTING CONTRIBUTING	AUSE WAS OR CAUSE OF DEA	19b. CONDITION 21b. TIME OF II HOUR A.M. TH P.M.	ON FOR WHICH OPE	RATION WAS PERFORM 21c. HOW INJURY O	ED?	TURE OF INJURY IN ITEM 18 P/		YES XX NO
	MEDICAL CERTIFICATION	19a DATE OF OP 21a. EXTERNAL C UNDERLYING CONTRIBUTING	AUSE WAS OR CAUSE OF DEA	19b. CONDITION 21b. TIME OF II HOUR A.M. TH P.M.	NJURY MONTH DAY YEA 19 INJURY (AT HOME,	RATION WAS PERFORM 21c. HOW INJURY O 21l LOCATION STREET	ED?	TURE OF INJURY IN ITEM 18 P/		YES XX NO [
		210. EXTERNAL C UNDERLYING CONTRIBUTING 21d. INJURY OCC WHILE AT WORK 220. I certify the	AUSE WAS OR CAUSE OF DEA URRED OT WHILE T WORK T I taak charge of	21b. TIME OF II HOUR A.M. 21b. PLACE OF STREET, FACTOI	NJURY MONTH DAY YEA 19 FINJURY (ATHOME, RY, FARM, ETC.)	21c. HOW INJURY O 21l LOCATION STREET Autopsy XX Jicide Homicid TATES SE	ED? CCURRED (ENTER NA Inspection, le, Undetersection to the content of the conten	Inquiry , and	COUNTY	YES XX NO
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		210. EXTERNAL C UNDERLYING CONTRIBUTING 21d. INJURY OCC WHILE AT WORK 27a. I certify the	AUSE WAS OR CAUSE OF DE A FURRED OT WHILE T WORK not I taak charge of	21b. TIME OF II HOUR A.M. 21b. PLACE OF STREET, FACTOI	NJURY MONTH DAY YEA 19 FINJURY (ATHOME, RY, FARM, ETC.) ibed above, held on Accident , St	211c. HOW INJURY O	Inspection, In Undetermined to the stant MEDIC	CITY OR TOWN	COUNTY Lin my opinio	YES XX NO



and campletely filled in by the funeral a Pages 1 and 2 should be filed within 72 h

	1.	FOR - STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE B	0 5	3 2	0 3
		CEASED NAME FIRST (CR PRINT) Me 1	vin -		Ward	20 DATE OF DEATH	2-21-8	32 YEAR	8:00p
	3. SE	× Male	White	5. DATE C		6 AGE (IN YEARS LAST BIR	MON	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5		RTHPLACE I STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT CO	OUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY C	_	DEATH	MD.
1		Crisfield	Edw. W. Mc	Cready Mem	or other institution 1. Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Handyman		IZE KIND O INDUSTRY General	F BUSINESS OR
5	13a. S	aryland Som	TY 13c. CITY	OR LOWN isfield	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e. STREET ADDRESS Main S	t.		
0	14. FA	THER'S NAME FIRST Austin	WIDDLE	Ward	15. MOTHER'S MAIDEN N	ame nelia	Ta	LAS WOS	1
		VAS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (IF YES, GIVE		9-07-7048	17 INFORMANT Shirley Canr	ADDRI non – Jackso			risfield MD.
		Canditions, if any, which gave rise to immediate cause (a), stating the		ONSEQUENCE OF	Es of le	lol		APPROXI RETWEEN C	MATE INTERVAL ONSET AND DEATH
	NOI	underlying couse last PART 2 OTHER SIGNIFICANT CO	DITION GIVEN	IN PART 1(c	1'				
1	RTIFICAT	19a DATE OF OPERATION		R WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	IG CAUSES	
	MEDICAL CERTIFICATION	718 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MO P.M. 21b. PLACE OF INJURY (AT HOME STREET, FACTO	NTH DAY YEAR 19	216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJU		(OUNTY	STATE
		220.1 certify that (1) his hospite saw the leceased al above (1) we) (did) (and not	2-21	19 82, on	od that in (my) our) apinion	to		od from the c	

BP. DHMH - 16 50M 1/BI (VRA 15, 4)

TO FUNERAL DIRECTOR After this certificate has been should be detached for use as the buriol-transit permit. The with the State Dept. of Health and Mental Hygiene prior to MPORTANT: If Item 21 is marked or Item 18 shows any

23d. LOCATION
CITYOR TOWN
Crisfield 2-24-82 Sunnyridge Cemetery Burial
24 FUNERAL DIRECTOR Bradshaw & Sons, Main St., Crisfield, Md. 21817

Dr. James Sterling

230. BURIAL, CREMATION, REMOVAL

(SPECIFY)

Somerset MD.

21817

MEDICAL STAFF

Main St., Crisfield, Md.

ATTENDING PHYSICIAN

23c. NAME OF CEMETERY OR CREMATORY

ery of the insertional manufacture of the contract of the cont List St. III x = Resident and Appens all'e en c Japanes Highway was and patricular Starts